DPHHS-CFS/LIC018 (Rev 12/1/2010)

Section A

STATE OF MONTANA Department of Public Health and Human Services

RELEASE OF INFORMATION

Criminal/ Motor Vehicle/Protective Service Background Checks
PLEASE PRINT LEGIBLY

Name:					
First	Middle	Ma	aiden	Last	
Aliases/Other Names Used:					
Current Physical &					
Mailing Address:					
Date of Birth:		_	Sex: Ma	ıle 🗌 Female	
Social Security #: Phone: ()	Driver's License #				
Section B	Adults:				
Please list below where you have resided since age 18. Birth date of oldest child:(for resource family applicants only) Pursuant to A.R. M. 37.51.310(7) A Child Protective Service check will be requested from all states in which an applicant has lived since the birth date of the applicant's oldest child.					
If applying to adopt a child, and the person listed in section A is under age 18, please list below where the person named in Section A has resided since age 13.					
Pursuant to Mont. Code Ann. § 42-3-203(2)(b), the Department may complete a youth court records check on any person living in the prospective adoptive home.					
Please attach additional pages if necessary:					
City	County	State		Residency (From – To)	

Section C	Please check as many as apply:			
I am an applicant for:	a Child Placing Agency employee/volunteer			
	☐ Licensed Kinship Care ☐ Unlicensed Kinship Care ☐ Foster Care ☐ Adoption ☐ Guardianship			
	OR			
	a member of's household who is applying to be			
	(name of applicant) licensed or approved			
	n Statement and Signature)			
employment/ volunteer o its authorized representa Health and Human Servi	subsequent annual application process for youth care or application for f a Child Placing Agency, I am aware that (provider or tive) has requested confidential information from Montana Department of Public ces in accordance with 41-3-205(n)and(o), and 52-2-622MCA as part of a review nd in connection with my status as a prospective resource parent, or member of volunteer of that entity.			
risk to children. Record abuse/neglect on the per youth in need of care; an terminated. This release contain information that of	ase pertains to any report(s) of child abuse or neglect in Montana that indicates <u>a</u> is that indicate a risk to children are those that show a substantiation of child son; and/or a history that a child in their care was adjudicated by a court as a d/or a history that shows that the person has had their caregiver rights to a child also pertains to any criminal history records and motor vehicle records and may could adversely affect my approval/licensure as outlined in ARM 37.51.216 or tatus as outlined in ARM 37.93.110 and ARM 37.93.204.			
I hereby authorize any law enforcement, motor vehicle or protective services agency to release all records they have regarding me to the State of Montana, Department of Public Health and Human Services. I hereby authorize release of such information by the Department to any Licensed Child Placing Agency (if applicable) in the State of Montana. A copy of this form is as valid as the original.				
(Agency Name and Addr				
I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.				
Note: Any deletions or oversights may result in the denial of your application.				
Signed:(To be sign	ed in front of a Notary)			
TO BE COMPLETED BY A NOTARY PUBLIC:				
State of Montana County of				
Signed and acknowledge	ed before me on day of A.D. 20			
	Residing at:			
Notary Public for the State	te of Montana			
Printed Name:	My Commission expires:			